

QUARTERLY METER REPORT
TO THE KENTUCKY PUBLIC SERVICE COMMISSION

Name of Utility: _____
Address: _____

Period Covered: _____ JAN - MAR
Year: _____ APR - JUN

OCT - DEC
Date Submitted: _____

TYPE CUSTOMERS	METERED	NON-METERED	TOTAL
Residential	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Other	_____	_____	_____
Total Number	_____	_____	_____

YEARS SINCE METER WAS LAST TESTED	NUMBER OF METERS "AS FOUND" {PERCENT ERROR}																METERS IN GROUP TESTED	METERS IN GROUP NOT TESTED
	SLOW (-)								FAST (+)									
	*	>	-5.1	-4.1	-3.1	-2.1	-1.1	-0.1	0	+0.1	+1.1	+2.1	+3.1	+4.1	+5.1	>		
	NR	-10	to -10	to -5	to -4	to -3	to -2	to -1	0 +/- 0.1	to +1	to +2	to +3	to +4	to +5	to +10	to +10		
New Meters																		
Less than 2 years																		
2 to 4 years																		
4 to 6 years																		
6 to 8 years																		
8 to 10 years																		
over 10 years																		
Time Unknown																		
TOTAL																		

(* NR ~ Non-Registering)

Periodic Meter Test Program..... YES _____ NO _____ If NO, List Sample Method Plan & Case # _____
Meters Removed From Service and Tested This Period..... _____
New Service Connections (meters) Installed This Period..... _____
Total Meters Tested This Period..... _____
Utility or Approved Agency Doing Meter Testing..... _____

"AS FOUND" ACCURACY	QUANTITY	%
Within 2% \pm Error Limit	_____	_____
More than 2% Fast	_____	_____
More than 2% Slow	_____	_____
Did not Register	_____	_____

STATUS OF METER TEST PROGRAM	QUANTITY
Meters to be Tested this Year	_____
Meters Tested This Year to Date	_____
Meters Still To Test This Year	_____

Number of Tests Made at Customer's Request During Period..... _____
Number of Tests Made at Commission's Request During Period..... _____
Number of Meters on Which Refunds Were Made During Period..... _____
Total Amount of Refunds Made During Period..... _____
Number of Customers Billed for Slow Meters During Period..... _____
Total Amount Billed on Slow Meters During Period..... _____
Number of Customers Billed for Non-Registering Meters During Period..... _____
Total Amount Billed on Non-Registering Meters During Period..... _____

Report Covering Meter Tests Approved By: _____

Report Covering Customers and Refunds Approved By: _____

Signed: _____
Title: _____

Signed: _____
Title: _____